



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Steven Jordan, Director

December 16, 2010

MEMORANDUM

TO: All Interested Parties
FROM: Steven Jordan *SS*
SUBJECT: Summary Version of Implementation Update #83

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; **refer to the detailed version as the authority to avoid confusion.**

Peer Support Services Implementation

- Peer Support Services (PSS) has been approved by the Centers for Medicare and Medicaid Services (CMS).
- Due to budgetary concerns, Peer Support Services will be implemented July 1, 2011.
- In the interim, the Divisions will develop a plan to facilitate a thoughtful implementation and will involve consumers, providers, advocates and local management entities (LMEs) in the planning process.

Frequently Asked Questions on Mental Health/Substance Abuse Targeted Case Management

- The following are frequently asked questions (FAQs) regarding Mental Health/Substance Abuse Targeted Case Management (MH/SA TCM).

Question #1

In cases where a child is located in a residential placement far from the home area, how may we address the monthly face-to-face requirement for Mental Health/Substance Abuse Targeted Case Management?

Answer #1

- For Mental Health/Substance Abuse Targeted Case Management, if the recipient is in a residential facility that is within the state of North Carolina or within 40 miles of the North Carolina border, then the individual has to be seen face to face according to the Mental Health/Substance Abuse Targeted Case Management policy.
- If the recipient is in a residential facility outside a 40-mile radius of the North Carolina border, then the face-to-face requirement may be met via the Telemedicine and Telepsychiatry Policy (Clinical Coverage Policy 1H).
- The policy section concerning staff able to provide telepsychiatry (Section 6.1 and 6.2) would not apply.
- It is the responsibility of the Critical Access Behavioral Health Agency (CABHA) to ensure that the requirements of Clinical Coverage Policy 1H are met.



Question #2

Does Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) allow for the face-to-face requirement of Mental Health/Substance Abuse Targeted Case Management to be provided less often?

Answer #2

- Early and Periodic Screening, Diagnosis, and Treatment is to allow a child to receive medically necessary services that would normally be non-covered.
- Early and Periodic Screening, Diagnosis, and Treatment is not to help a provider avoid traveling to provide face-to-face services.

Question #3

We need more clarification on the requirement for a comprehensive clinical assessment that documents medical necessity to be completed **prior to** provision of this service. Are we to assume that this pertains to existing Community Support consumers and new consumers?

Answer #3

- This pertains to all consumers and a comprehensive clinical assessment must be completed to determine the need for Mental Health/Substance Abuse Targeted Case Management or any other service(s).

Question #4

Who is responsible for the Person Centered Plan (PCP) and authorization request for services when a child is in a Level II through IV residential service?

Answer #4

- The Level II through IV residential provider is responsible for the development, implementation, and revision of the Person Centered Plan as well as obtaining authorizations for services when the child is not receiving an enhanced service with a case management function or Mental Health/Substance Abuse Targeted Case Management.
- Please refer to Implementation Update # 63 for details.

Question #5

Can anyone, including licensed professionals, provide Mental Health/Substance Abuse Targeted Case Management?

Answer #5

- Licensed staff are among those eligible to provide Mental Health/Substance Abuse Targeted Case Management services if they meet all the requirements in Section 6.0 of Clinical Coverage Policy 8L and are employees of a Critical Access Behavioral Health Agency.

Question #6

Can a licensed clinician providing outpatient treatment in a Critical Access Behavioral Health Agency also provide Mental Health/Substance Abuse Targeted Case Management to the recipients on his or her outpatient treatment caseload?

Answer #6

- Yes, if clinically appropriate and medically necessary, the licensed clinician providing outpatient therapy can be the same person providing Mental Health/Substance Abuse Targeted Case Management.
- However, it is necessary that the clinician ensure the separation and division of roles, documentation, and billing of these two services.

Question #7

For Mental Health/Substance Abuse Targeted Case Management, what documentation would demonstrate that a staff person had been providing case management services?



Answer # 7

- As with any other service, it is necessary to document previous experience.
- Documentation in this case could be transcripts, resumes, job applications, training certificates, and former job descriptions (if available).

Question # 8

Does the Person Centered Plan training received by psychosocial rehabilitation or child residential treatment Level II-IV staff qualify the individual as “current staff providing case management functions” (see Section 6.3 in Clinical Coverage Policy 8L) and therefore able to bill Mental Health/Substance Abuse Targeted Case Management immediately?

Answer # 8

- No, the roles of these staff are not consistent with all four functions of Mental Health/Substance Abuse Targeted Case Management (case management assessment, person centered planning, referral/linkage, and monitoring/follow-up) and therefore would not meet the criteria of an individual who had previously provided case management services.
- These staff would be considered new staff because Person Centered Plan (PCP) planning is only one of the four functions for the provision of Mental Health/Substance Abuse Targeted Case Management services.
- These new staff would need to receive the Mental Health/Substance Abuse Targeted Case Management training prior to billing Mental Health/Substance Abuse Targeted Case Management.
- However, training completed by these individuals on Person Centered Thinking and Person Centered Planning Instructional Elements would contribute toward meeting some of the requirements for Mental Health/Substance Abuse Targeted Case Management in a Critical Access Behavioral Health Agency.

Question #9

Are applications for Mental Health/Substance Abuse Targeted Case Management automatically given an enrollment date of August 1, 2010?

Answer # 9

- Providers may choose the effective date of their Mental Health/Substance Abuse Targeted Case Management Medicaid Provider Number (MPN).
- This date is honored as long as it is within 365 days of the date of receipt of the application and if the provider is certified as a Critical Access Behavioral Health Agency as of that date.
- If no effective date is indicated on the application, the date of receipt of the application becomes the enrollment date.

Clarification of Documentation Requirements for Outpatient Opioid Treatment

- For persons in Outpatient Opioid Treatment receiving *only* medication administration on any date of service, the documentation requirement has been a full service note.
- Effective December 1, 2010, the required documentation for persons receiving *only* medication administration will be a completed Medication Administration Record.
- For information on the documentation requirements for Opioid Treatment Services, please refer to the full version of Implementation Update #83
<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>

Behavioral Health Mobile Crisis Management

- Through correspondence with providers, Division of Medical Assistance has been able to identify and remedy an error in the data payment system for procedure code H2011, Mobile Crisis Management.
- For additional information, refer to full version of Implementation Update #83.



ValueOptions Request Submission Update

- The ValueOptions ProviderConnect online provider portal remains the preferred method for submitting service requests.
- For additional information, refer to full version of Implementation Update #83.

Community Support Team, Intensive In-Home, Child and Adolescent Day Treatment Claims after December 31, 2010

- This is a reminder that only certified Critical Access Behavioral Health Agencies may deliver Community Support Team (CST), Intensive In-home Services (IIH) and Child and Adolescent Day Treatment Services (DT) effective January 1, 2011.
- On and after that date, only Critical Access Behavioral Health Agencies are authorized under the N.C. State Plan for Medical Assistance to be reimbursed for the provision of Community Support Team, Intensive In-home Services and Child and Adolescent Day Treatment Services.
- Any claims submitted for these services under National Provider Identifiers (NPIs) associated with Community Intervention Service Agency (CISA) Medicaid Provider Numbers will be denied as of January 1, 2011.
- Therefore, it is very important that Critical Access Behavioral Health Agencies complete the enrollment process and get a Critical Access Behavioral Health Agency billing Medicaid Provider Number as soon as possible.
- Please see complete Critical Access Behavioral Health Agency billing guidelines in Implementation Update #73.
- Critical Access Behavioral Health Agencies are encouraged to review the Critical Access Behavioral Health Agency Enrollment/Authorization/Billing Training Packet for detailed information on how to complete the enrollment application and who to contact for assistance.
 - The training packet can be found at <http://www.ncdhhs.gov/dma/cabha/CABHAPresentation082010.pdf>.
 - Critical Access Behavioral Health Agencies are also encouraged to review Critical Access Behavioral Health Agency Frequently asked Questions, found at <http://www.ncdhhs.gov/dma/services/cabha.htm>.

Consumer Transition Update

- Provider agencies required to transition consumers to a certified Critical Access Behavioral Health Agency should already have submitted their transition plans to the appropriate local management entities.
- The local management entities should have reviewed, approved, or revised submitted plans.
- Consumers identified as needing to continue to receive Intensive In-Home, Community Support Team, Day Treatment, or case management services should be in the process of being transitioned to a Critical Access Behavioral Health Agency.
- In some cases, agencies transitioning consumers have submitted requests for concurrent authorizations that go beyond the date for transition of those consumers.
- As ValueOptions does not have the capability of monitoring and matching the concurrent authorizations requested with the transition dates for the agency making the request, it is incumbent upon the local management entities to monitor the accepted/imposed transition plans and ensure that consumers are indeed being transitioned per those plans.
- The fact that an authorization may have been made that goes beyond the date of transition does not in any way sanction the continuance of that service by the agency past the point of the agreed upon transition dates.
- Agencies may not “re-open” their services to continue consumer care based on a concurrent authorization that goes beyond the transition date.

Protocol for Critical Access Behavioral Health Agency Personnel Changes

- The process for personnel changes for the Medical Director, Clinical Director, or Quality Management (QM)/Training Director for agencies pursuing or who have achieved certification as a Critical Access Behavioral Health Agency are listed in the full version of Implementation Update #83 <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>.



- Please see the Critical Access Behavioral Health Agency policy (<http://www.ncdhhs.gov/mhddsas/cabha/lme-101-10-15-10.pdf>) for specific timeframes for filling the positions of Medical Director and Clinical Director.

Unless noted otherwise, please email any questions related to this Implementation Update Summary to ContactDMH@dhhs.nc.gov.

